



RCE
2665

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/433,654
		Filing Date	November 3, 1999
		First Named Inventor	Jasmin Ajanovic
		Art Unit	2665
		Examiner Name	Stevens, Roberta A.
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P6740

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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MAY 07 2004

Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 3, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	
Date	5/3/04

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$)	950.00
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Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
38	28* = 10	x 18.00 =	\$180.00
6	6* = 0	x 86.00 =	\$0.00
Multiple Dependent			

Large Entity		Small Entity		<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple Dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			

*or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	1051	130		2051	65	Surcharge - late filing fee or oath
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet
	2053	130		2053	130	Non-English specification
	1812	2,520		1812	2,520	For filing a request for <i>ex parte</i> reexamination
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action
	1251	110		2251	55	Extension for reply within first month
	1252	420		2252	210	Extension for reply within second month
	1253	950		2253	475	Extension for reply within third month
	1254	1,480		2254	740	Extension for reply within fourth month
	1255	1,210		2255	605	Extension for reply within fifth month
	1404	330		2401	165	Notice of Appeal
	1402	330		2402	165	Filing a brief in support of an appeal
	1403	290		2403	145	Request for oral hearing
	1451	1,510		2451	1,510	Petition to institute a public use proceeding
	1452	110		2452	55	Petition to revive - unavoidable
	1453	1,330		2453	665	Petition to revive - unintentional
	1501	1,330		2501	665	Utility issue fee (or reissue)
	1502	480		2502	240	Design issue fee
	1503	640		2503	320	Plant issue fee
	1460	130		2460	130	Petitions to the Commissioner
	1807	50		1807	50	Processing fee under 37 CFR 1.17(q)
	1806	180		1806	180	Submission of Information Disclosure Stmt
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)
	1809	770		1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
	1810	770		2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
	1801	770		2801	385	Request for Continued Examination (RCE)
	1802	900		1802	900	Request for expedited examination of a design application
Other fee (specify)						
* Reduced by Basic Filing Fee Paid						
SUBTOTAL (3)						(\$)
						770.00

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>				
Date	May 3, 2004				